

March 15, 2012

**CERTIFIED MAIL**  
**(7007 1490 0003 4208 1048)**

Administrator  
Gleed Orchard Manor  
30 Link Road  
Gleed, Washington 98908

Boarding Home License #1916  
Licensee: Central Washington Comprehensive Mental Health

**IMPOSITION OF A CONDITION ON A LICENSE**

Dear Administrator:

This letter constitutes formal notice of the imposition of conditions on the license for your boarding home, located at **30 Link Road, Gleed, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The conditions are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your boarding home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on February 28, 2012.

**WAC 388-78A-2050 (1)(a)(b) Resident characteristics.**

**The facility admitted and/or retained two residents who were admitted with a diagnosis of dementia and were leaving the facility unsupervised, which caused safety hazards for the residents as the facility was unable to meet their needs.**

**WAC 388-76-2120 (1)(2)(b)(3)(b)(4) Monitoring residents' well-being.**

**The facility failed to monitor residents well-being to ensure the safety of two residents with a history of elopements. The facility did not monitor/observe the residents who subsequently left the facility and required interventions by others to return them to the boarding home. Further, the facility failed to evaluate and then develop appropriate plans for their mental status and increased safety needs.**

**This is a repeat or uncorrected deficiency previously cited on January 31, 2012.**

**WAC 388-76-2700 (2)(c)(i)(ii)(iii) Safety measures and disaster preparedness.**

**The facility failed to ensure multiple incidents for two residents were investigated and appropriate plans developed that would be effective for resident safety and to prevent further similar situations from occurring as the residents mental status declined and their safety needs increased.**

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your license:

- 1. The licensee will provide line of sight supervision at all times for Resident #1 and Resident #2, until the facility has developed a system to provide safe monitoring. If the assessed need for supervision changes, the licensee must contact the department prior to discontinuing line of sight supervision.*
- 2. The licensee must hire a consultant, not associated with the facility, to assist the provider to identify when residents are unsafe in the community and develop plans to provide appropriate services and supports to address those needs. This will include inclusion in care plans. All current residents in the facility will be assessed.*
- 3. The licensee will not admit any residents who have been assessed to be at risk for elopement, or with a history of elopement, until such a time the licensee can demonstrate compliance with WACs 388-78A-2120 and 2700.*
- 4. The provider must give the consultant a copy of the February 28, 2012 Statement of Deficiencies.*
- 5. The consultant will be available to the Department to answer questions.*
- 6. The consultant must be hired by March 23, 2012.*
- 7. The provider will post the license with the enclosed Notice of Conditions of Operation in the BH in a location accessible to residents and visitors.*

The effective date of the condition on your license is March 15, 2012. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest this condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489**

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an

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Gleed Orchard Manor  
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administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan  
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:  
**Robert Gutierrez, Field Manager  
3611 River Road, Suite 200  
Yakima, Washington 98902**

If you have any questions, please contact Robert Gutierrez, Field Manager at (509) 225-2813.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Administrator  
Gleed Orchard Manor  
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Enclosure

cc: Robert Ogolsky, Compliance Specialist  
RCS Field Manager – District 1 Unit D  
RCS District Administrator – District 1  
HCS Regional Administrator – Region 1  
DDD Regional Administrator – Region 1  
Washington State Long Term Care Ombudsman  
Area Agency on Aging, AAA- SE  
Medicaid Fraud Control Unit  
John Ficker, HCS  
HQ Central Files